



Questionnaire for Living Quarters Allowance (LQA)

CPAC Representative:

Title and grade of position offered:

Location of position:

RPA Number:

Hard To Fill position?: Yes ☐ No ☐

(Please review Hard-to-Fill List under "H" of Master Index: <http://www.chrma.hqusareur.army.mil/>)

The information you provide in this questionnaire will be used to determine your eligibility for Living Quarters Allowance (LQA). Please complete one of the sections that applies to you.

Section A. CONTINENTAL UNITED STATES (CONUS) HIRE

1. Have you physically lived in the United States or a US territory, possession or protectorate for at least 12 months **immediately** prior to receiving this job offer. Yes ☐ No ☐

2. The residences where I have physically lived for the last 12 months are:

FROM (mm/dd/yy)	TO (mm/dd/yy)	ADDRESS

3. My last two employers (if applicable):

FROM (mm/dd/yy)	TO (mm/dd/yy)	EMPLOYER NAME/ADDRESS (City & State)

Section B. TRANSFER FROM ANOTHER OVERSEAS ACTIVITY/AGENCY

1. I am transferring from another government agency, was originally recruited or hired from CONUS, and I am currently an LQA recipient. Yes ☐ No ☐

2. Government agency that originally hired me:

3. Date I originally arrived overseas:

4. City and State from which I transferred:

Section C. LOCAL HIRE HARD-TO-FILL POSITION

Please check all applicable statements:

- ☐ Military Separation - European out
☐ Civilian Employee - PCS'd from CONUS
☐ Contractor
☐ Other Explain: _____
- ☐ **And** I have a current and valid transportation entitlement.

Section D. TEMPORARY ACTIVE DUTY MILITARY RESERVE STATUS

I am temporarily on Active Duty Military Reserve Status in the overseas area.
Yes ☐ No ☐

Section E. SELECTEE CERTIFICATION & CONTACT INFORMATION

I understand I may be required to provide substantiating documentation to verify any/all of the information provided above. If such documentation is needed, I can be reached by email or at the following phone numbers during times indicated:

Full Name:			Time Zone
Daytime Phone:		Hours:	
Evening Phone:		Hours:	

Certification: The information provided in this statement is true and correct to the best of my knowledge and belief. I understand that if I provide false information I will be required to reimburse the government for any amount I may have received; that I will be subject to disciplinary action that may result in termination of my employment; and that I may be subject to criminal action. (Initials).

This completed questionnaire should be forwarded to (Identify designated CPAC e-mail address) or faxed Overseas to DSN (Identify CPAC DSN) or Commercial(Identify CPAC commercial telephone number) within 4 days. Supporting documents must be submitted upon request (via fax) to fax listed above.